



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Michael N. Souranis, Board President - LaVerne G. Naesea, Executive Director

REQUEST FOR ROSTER FORM – Electronic or Printed Labels

The Maryland Board of Pharmacy provides basic information to consumers regarding licensees, permit holders and registrants as part of the Public Information Act. Use this form to request a roster of information from the Board of Pharmacy. Please type or print clearly.

Today's Date: ____/____/____

Name of Requestor: _____

Company Name: _____

Address: _____

Website: _____

Telephone / Fax: _____

Email: _____

Purpose: (state how this information will be used): _____

Roster Format: Check all roster lists requested:

Pharmacists _____ Pharmacy Technicians _____ Pharmacies _____ Distributors _____

Maryland Only _____ Maryland Counties (specify) _____

Maryland including Out of State _____

Specific zip codes (Specify) _____

Other information (Specify) _____

Note: The general roster information will include Names, Business Address and Business Telephone in electronic format.

_____ **CHECK HERE IF YOU DESIRE PRINTED ROSTER REQUEST (3 LABEL ACROSS).**
FEE \$150

PLEASE MAKE CHECKS PAYABLE TO THE MARYLAND BOARD OF PHARMACY

